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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3738
Examiner David H. Willse

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/825,522

Gary K. Michelson

Filed: April 15, 2004

METHOD FOR INSERTING NESTED

INTERBODY SPINAL FUSION IMPLANTS

Attorney Docket No. 101.0069-02000

Customer No. 22882

Confirmation No.: 8146

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 14

Date: May 18, 2010

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on May 18, 2010.



Christine Flores

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FORM PTO-1083

Attorney Docket No.: 101.0069-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/825,522

Filed: April 15, 2004

For: METHOD FOR INSERTING NESTED
INTERBODY SPINAL FUSION IMPLANTS

Confirmation No.: 8146

Art Unit: 3738

Examiner: David H. Willse

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment to the Office Action dated February 19, 2010 in the above-identified application.

- ☒ No additional fee is required.
☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
☐ A Terminal Disclaimer is enclosed.
☐ An Information Disclosure Statement Under 37 C.F.R. § 1.97(____) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	20 **	0	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$195		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

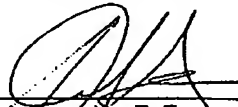
- ☐ The total amount of \$***.00 to cover the *** -month extension fee is to be charged to Deposit Account No. 50-_____.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: May 18, 2010

By:


Amedeo F. Ferraro
Registration No. 37,129

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Hartville, Ohio 44632
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Transmittal of Amendment 5-18-10

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TOTAL CLAIMS FEE	15	-	20 **	0	LG=\$52 SM=\$26	\$52	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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